



Rouss City Hall 15 North Cameron Street Winchester, VA 22601

Telephone: (540) 667-1815 FAX: (540) 722-3618 TDD: (540) 722-0782 Website: www.winchesterva.gov

RENTAL HOUSING NOTIFICATION

	Number:(Office Use)
_	ated within a Rental Inspection District are required to iving notice or within 30 days of the property's sale or
Property Address:	Unit # (s)
Owner	Managing Agent / Responsible Person
Name:	Name:
Address:	Address:
City, State:	City, State:
Telephone:	Telephone:
E-mail:	E-mail:
Please describe the Dwelling Unit(s) on the pro	operty: (select one)
Single Family:	Multi-Family:
Number of bedrooms	Year constructed or converted
	Number of dwelling units
Single Family with Accessory Unit(s):	Number of bedroom(s)/unit
Number of units	
Number of bedrooms	Other: Explain
	Number of dwelling units
	Number of bedroom(s)/unit
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	tal dwelling units to verify compliance with the Virginia ity of Winchester's designated Rental Inspection District.
It is the owner's responsibility to call the Inspections Department at 667-1815 and schedule the required inspection within 30 days of completing this notification. A property representative must be present during the inspection. All inspection fees must be paid prior to the scheduled inspection date.	
If violations are found and they do not affect t time will be given to make the necessary repai	he safety or habitability of the dwelling unit reasonable rs.
Owner / Agent Signature:	Date: